MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 10/516724	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8							58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	/						64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19							69						
20		/					70						
21	/						71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		/					77						
28	/						78						
29	/						79						
30		/					80						
31							81						
32		/					82						
33		/					83						
34		/					84						
35	/						85						
36	/						86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)

CLAIMS 9, 19, 31-41 MISS PUB APPL